

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/561888

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1	0				
2						
3	1					
4						
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9						
10						
11						
12	1					
13						
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24						
25	1					
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30						
31	1					
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33	1					
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35						
36						
37						
38						
39						
40						
41						
42	1					
43						
44	1					
45						
46						
47						
48						
49						
50						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52	1					
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100						
TOTAL IND.	12	↓		↓		↓
TOTAL DEP.	40	←		←		←
TOTAL CLAIMS	52					

PTO-1360 (REV. 11/04)

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